

APPLICATION FOR ARMY EMERGENCY RELIEF (AER) FINANCIAL ASSISTANCE				1. SECTION NUMBER		2. DATE							
3. SOLDIER'S NAME (Last, first, MI)				4. SSN		5. GRADE							
6. STATUS			7. ACTIVE SOLDIER'S UNIT/ADDRESS OF RETIREE, SURVIVOR, OTHERS										
a. <table><tr><td><input type="checkbox"/></td><td>ACTIVE</td><td><input type="checkbox"/></td><td>RETIRED</td><td><input type="checkbox"/></td><td>DECEASED</td></tr></table>								<input type="checkbox"/>	ACTIVE	<input type="checkbox"/>	RETIRED	<input type="checkbox"/>	DECEASED
<input type="checkbox"/>	ACTIVE	<input type="checkbox"/>						RETIRED	<input type="checkbox"/>	DECEASED			
b. ETS DATE (If active)													
8. PHONE NUMBER (Include area code)			9. HOME OF RECORD (Street, city, state, zip code)										
10a. APPLICANT'S NAME IF OTHER THAN SOLDIER		10b. RELATIONSHIP	10c. POWER OF ATTORNEY <input type="checkbox"/> YES <input type="checkbox"/> NO		11. BANKRUPTCY FILED OR PENDING <input type="checkbox"/> YES <input type="checkbox"/> NO CHAPTER:								
12. DEPENDENTS FOR WHOM YOU FURNISH MORE THAN ONE-HALF SUPPORT													
a. NAME			b. AGE		c. RELATIONSHIP								
13. REASON WHY ASSISTANCE IS NEEDED (Be complete and specific. If more space is needed, continue on separate sheet.)													
14. LIST YOUR SPECIFIC EMERGENCY FINANCIAL NEEDS													
						\$							
						TOTAL	\$						
15. INDEBTEDNESS													
a. TO WHOM		b. DATE INCURRED	c. ORIGINAL AMOUNT		d. MONTHLY PAYMENT								
AER													
16. APPLICANT'S CERTIFICATION													
I hereby authorized the Department of the Army to supply AER with any requested information contained in my official Army personnel and pay files in connection with this assistance. I further authorize the Department of the Army, or any agency, to supply my latest home address, and/or official military address to AER whenever requested.													
I further understand that AER is an independent private entity, not part of the U.S. Government. This application form, therefore, is not subject to the Privacy Act (5 U.S.C. 552a). Information provided on this application, in some cases, will be provided by AER to the Army in order to determine eligibility for and administration of financial assistance.													
I certify the information provided on this application is complete, true and correct.													
a. SIGNATURE OF APPLICANT				b. DATE									